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Under the Paparwork Roduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/617159-Conf. #2722 Application Number July 9, 2003 Filing Date First Named Inventor | Elizabeth Helen Charuvastra POWER OF ATTORNEY PROCESS FOR MEASURING QT and INTERVALS AND CONSTRUCTING CORRESPONDENCE ADDRESS Title 3762 INDICATION FORM Art Unit Michael William Kahelin Examiner Name 023435.0101PTUS Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application I hereby appoint 44124 Practitioners associated with the Customer Number. X OR Practitioner(s) named below: Registration Number Registration Number Name Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize of change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address 2**3**p State City Émali Соипру Telephone I am the: x Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) SIGNATURE of Applicant or Assignee of Record 09/26/2005 Date Signature Telephone Name Elizabeth Helen Charuvastra Title and Company | Applicant/Inventor NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. x forms are submitted. *Total of